

**CODY STEPHENS GO BIG OR GO HOME**  
**Health Screening Scholarship Application**  
*Please print clearly in ink*

**Texas School District:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Our school district is planning a Heart Screening Program for our students on \_\_\_\_\_ (date).**

**We are expecting \_\_\_\_\_ (number of students) to participate, which is about \_\_\_\_\_ % of students required to have physicals. Students able to afford to pay there own costs will pay \$\_\_\_\_\_.**

**The grades covered will be \_\_\_\_\_ to \_\_\_\_\_. The cost per student is expected to be \$\_\_\_\_\_.**

**Our district's heart screening program is \_\_\_\_\_ Voluntary or \_\_\_\_\_ Mandatory for students that are required to have UIL required physicals (check one).**

**We, the district, are requesting the assistance of the Cody Stephens Go Big or Go Home Memorial Foundation to pay for the students unable to cover their individual costs. These students all qualify for our school's free or reduced lunch program. In total, the school district is requesting \$\_\_\_\_\_.**

**The district is requesting a response from the foundation by \_\_\_\_\_ (please allow 2 weeks)**

**Administrator requesting funds: \_\_\_\_\_ (signed)**

**Administrator requesting funds: \_\_\_\_\_ (printed)**

**Title or position \_\_\_\_\_ Date \_\_\_\_\_**

**Send application to:**  
**Scott P Stephens**  
**12723 Woodforest Blvd**  
**Houston, Tx 77015**  
**Or scottpstevens@gmail.com**